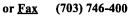
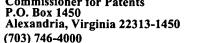
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 05/03/2004 Burton A. Amernick Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile Connolly Bove Lodge & Hutz LLP P.O. Box 19088 transmitted to the USPTO, on the date indicated below. Washington, DC 20036-3425 (Depositor's name) (Signature (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 07/19/2001 Glenn W. Gale 09/909.277 BUR92000136US1 2205 TITLE OF INVENTION: METHOD OF CLEANING CONTAMINANTS FROM THE SURFACE OF A SUBSTRATE APPLN, TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE \$1630 NO \$1330 \$300 nonprovisional 08/03/2004 **EXAMINER** ART UNIT **CLASS-SUBCLASS** 1746 WINTER, GENTLE E 134-001300 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or Connolly Bove agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or <u> Lodge & Hutz LLP</u> agent) and the names of up to 2 registered patent ♥ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name 3William D. Sabo will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Armonk, New York Machines Corporation Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ ☐ corporation or other private group entity ☐ government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: M Issue Fee A check in the amount of the fee(s) is enclosed. ☑ Publication Fee Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signat (Date) JUNE 1100 24,2004 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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